MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

09/517195

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL	20					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
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